2016 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann SECRETARY OF STATE Secretary of State Capitol Office

	2016 Annual Report	120
Q 1. 1.	11 PATTE OGON	1
Name of Candidate	11-1-1-1-1	(100)
Address 1352 KENS (NE	TON DR. County	KK 1500
Address	Fav	

Check here if above is different from previous report

All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

- Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

D01010		IDOEMENTS	
	REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	Calendar
	Itemized + Non-itemized =	This Period	Year-To-Date
	Itemized 1 Non-Itemizes	2 M	0 000
Total amount of contributions	\$ 2550 00+\$	\$ 2550,	* 2550e
	2500	000	\$ 100000
Total amount of disbursements	\$ \$20,000,000+\$	\$ 20,000	ol, ale
Total amount	Coper	\$18 505,68	
Total amount of cash on hand		10,000	and complete
January dyami	ned this report and to the best of n	ny knowledge and belief it is tr	ue, accurate, and compreter
certify that I have exami	THE WIND	14 A	-U: 2011
Kouvlall	1-1- MANGENT	Date	
Signature of Candid	ate'		200
		MUITAMENIS.	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections

Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.

3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee RADAL A. FATTAGOV
Reporting period JANGO through 31 DEC, 2016
ITEM 17 FD RECEIPTS

A. Source: Corporation PAC Individual Loan Date receipt (Mo., Day, Year) this period			
Full name Full name Aggregate year-to-date Amount of each receipt this period Other (please specify) Full name C. Source Corporation PAC Individual Loan Decupation (Required) Full name Other (please specify) Full name Full name Full name C. Source Corporation PAC Individual Loan Decupation (Required) Full name Full name Full name Full name Full name C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Aggregate Full name Full name Full name Full name Aggregate Full name Full name Full name Aggregate Full name Full name Full name Aggregate Full name Aggregate Full name Full name Aggregate Full name Aggregate	A. Source.		
Same of Employer (Required) Same	Full name Full name	及四项	\$ 300,00
Name of Employer (Required) Social Employer (Required) Date (Mo., Day, Year) What Marked Part Condate Aggregate year-to-date Amount of each receipt this period Date (Mo., Day, Year) Name of Employer (Required) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) Pull name Date (Mo., Day, Year) Date (Mo.,	Mailing Address		\$
Name of Employer (Required) Sagregate Sacotta Sac	City, State, Zip Code		\$
B. Source: X Corporation PAC Individual Loan Date PAC			\$
B. Source: X Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full name Full name	Occupation (Required)	Aggregate year–to-date	
Full name Address Address City, State, Zip Code C. Source Corporation PAC Individual Loan City, State, Zip Code Full name Other (please specify) City, State, Zip Code City, State, Zip Code C. Source Corporation PAC Individual Loan City, State, Zip Code City, State, Zip Code C. Source Corporation PAC Individual Loan Cother (please specify) Full name Aggregate year-to-date ye	B. Source.		receipt
City, Staté, Zip Code		及图准	\$ 250,0
Name of Employer (Required) Occupation (Required) Occupation (Required) C. Source Corporation PAC Individual Loan Date receipt this period Full name Full name Full name Full name Full name Full name City, State, Zip Code Cocupation (Required) D. Source: Corporation PAC Individual Loan Date receipt this period Full name Cocupation (Required) D. Source: Corporation PAC Individual Loan Date receipt this period Full pame Other (please specify) Full pame Amount of each receipt this period Amount of each receipt this period Full pame Amount of each receipt this period Full pame Amount of each receipt this period Amount of each receipt this period Full pame Amount of each receipt this period Amount of each receip	Mailing Address		\$
Name of Employer (Required) Occupation (Required) C. Source Corporation PAC Individual Loan Date receipt this period Full name Maining Address Maining Addres			\$
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name		匚/匚/匚	\$
Other (please specify) Comportation Comportati	Occupation (Required)	Aggregate year–to-date	\$ 250,00
Mailing Address 1	C. Source Corporation X		receipt
Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Description (Required) Cocupation (Required) Description (Required) Composition (Required) Amount of each receipt this period Full pame Amount of each receipt this period Full pame Address City, State, Zip Code Name of Employer (Required) Name of Employer (Required) Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate	Full name OFFICE	及斑瓜	\$ 250,00
City, State, Zip Code	Mailing Address		\$ [
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full pame DATE LAD SALL SQUARE City, State, Zip Code Name of Employer (Required) Aggregate year-to-date Amount of each receipt this period \$ 250.00 Amount of each receipt this period \$ 250.00 Amount of each receipt this period \$ 250.00 Amailing Address Lili \$ Aggregate \$ 250.00	City, State, Zip Code		\$
Occupation (Required) D. Source: Corporation PAC Individual Loan Date Other (please specify) Full pame Address His period Fig. 10 State, Zip Code Name of Employer (Required) Aggregate Amount of each receipt this period Full pame Full pame Full pame Amount of each receipt this period Full pame F			\$
D. Source: Corporation PAC Individual Date receipt Other (please specify)	Occupation (Required)	Aggregate year–to-date	\$ 250,00
Full pame AAMS AV	D. Source: Corporation 170		receipt
Mailing Address		拉拉拉	\$ 250.00
Name of Employer (Required) Aggregate \$ 250.00			
Aggregate \$ 250.00	City, State, Zip Code		\$
Occupation (Required) Aggregate year-to-date \$ 250.00	Name of Employer (Required)		
	Occupation (Required)	Aggregate year–to-date	\$ 250,50

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Name of Candidate or Committee ANAL ATTERONO Reporting period 7740.2016 through 3/DEC.2016 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	12/21/16	\$ 250.00
Mailing Address		
205 GIT WEST BLVD. ST 500	<u>!/ !/ !</u>	\$
City, State, Zip Code		\$
Namelof Employer (Required)		\$
Occupation (Required)	Aggregate	* J
Occupation (Required)	year–to-date	\$ 250 PC
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	DIBITE	\$ 250,00
MELICAL ANAL 1915 LLC Mailing Address		
P.D. BOX 4399	<u> </u>	\$
City, State, Zip Code		\$
Name of Employer (Required)		*
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
C. Source Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt this period
Other (please specify) Full name ROY & CAR OLYN HUTCLEGON	Date	receipt this period
Other (please specify) Full name ROLAROLAN HUTCLEGON Mailing Address	Date	receipt this period
Other (please specify) Full name ROY GAROLIN HUTCUEGON Mailing Address City, State, Zip Code	Date	receipt this period
Other (please specify) Full name ROY & CAROLIN HUTCLESON Mailing Address GAROLIN HUTCLESON City, State, Zip Code Scott TSBORO, AL. 35769	Date	receipt this period \$\begin{align*} 250,00 \\ \$\exists \exists \exists \\ \$\exists \text{2.50} \text{2.50} \\ \$\exists \text{2.50} \\ \$\exists \text{2.50} \\ \$\exists \text{2.50} \\ \$ \text{2.50} \text{2.50} \\ \$ \qquad
Other (please specify) Full name ROY & CAROLIN HOTCLEGON Mailing Address Mailing Address City, State, Zip Code Soft Tobbook Name of Employer (Required) SEEF EMPLOYEE	Date (Mo., Day, Year)	receipt this period \$ \[\frac{250}{00} \]
Other (please specify) Full name ROY & AROL N HOTCLEGON Mailing Address Mailing Address City, State, Zip Code Soft Tobbook Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$\begin{align*} 250,00 \\ \$\exists \exists \exists \\ \$\exists \\ \$\exists \exists \\ \$\exists \exists \\ \$\exists \exists \\ \$\exists \exists \exists \exists \exists \exists \exists \exists \exists \exists \exists \qquad \qq \qquad \qq \qqq \
Other (please specify) Full name ROY & CAROLIN HOTCLEGON Mailing Address Mailing Address City, State, Zip Code Soft Tobbook Name of Employer (Required) SEEF EMPLOYEE	Date (Mo., Day, Year)	receipt this period \$ \(250,00 \) \$ \(\) \$ \(\) \$ \(\) \$ \(\) Amount of each
Other (please specify) Full name AROLIN HOLLEGON Mailing Address City, State, Zip Code Scott TSBORO, AL 35769 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt this period \$ 250,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name AROLD AROLD CLEGON Mailing Address City, State, Zip Code School Arold	Date (Mo., Day, Year)	receipt this period \$ \[250,000 \] \$ \[\text{\$ \text{250,000} \] Amount of each receipt this period
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code Scatt Toboro, Al. 35 769 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name COMM. FOR CEFAN FINIR BEVEN OF ASSOCI	Date (Mo., Day, Year)	receipt this period \$ \[250,00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \$ \[250,00 \] \$ \[\]
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code School Alas Address Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 3000 A. STATE ST.	Date (Mo., Day, Year)	receipt this period \$ \[250,000 \] \$ \[\text{\$ \text{250,000} \] Amount of each receipt this period
Other (please specify) Full name AROLD A	Date (Mo., Day, Year)	receipt this period \$ \(250,00 \) \$ \$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \t
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code School Alas Address Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 3000 A. STATE ST.	Date (Mo., Day, Year)	receipt this period \$ \[\frac{250}{00} \] \$ \[\] \$ \[\] Amount of each receipt this period \$ \[\frac{250}{00} \] \$ \[\]
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code Scatt To Bord, Al., 35769 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Common For CFAD FIVER BEVEN OF ASSOCIATION City, State, Zip Gode City, State, Zip Gode	Date (Mo., Day, Year)	receipt this period \$ \[250,00 \] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \$ \[250,00 \] \$ \[\] \$ \[\]

Name of Candidate or Committee AUAL ATTROCO
Reporting period 1240 through 3/DC-2015
ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	M. 60, CM	this period
MAIL - HO STATE PARM Mailing Addiness	12 12 110	\$ 500,00
P.O. Brx 100	<u> </u>	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 50000
B. Source: Corporation PAC Individual Loan	year–to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		*
City, state, Zip Gode	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		\$ [
City, State, Zip Code	厂/厂/厂	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ [
D. Source: Corporation PAC Individual Loan	year-to-date	,
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	T./T./T	\$
Mailing Address		\$
City, State, Zip Code	<u>1/1</u> /1	1
		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year–to-date	\$

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Name of Candidate or Committee RANJALL ATTERSON

Reporting period 17AN 2016 through 31 Dec 2016

ITEMIZED DISBURSEMENTS

A. Full name ANDALL H- ATTERSON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address AFNS/NS/TON DR	12216	\$ 20,000,00
City, State, Zip Code (S/LOX), MS. 39530	//	\$
Purpose of Disbursement (Optional) A J BACK LOAN	Aggregate Year-to-date	\$20,000,00
B. Full name/	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
	•	